

# HIV Optimism , Complacency, Barebacking and Lack of Prevention Campaigns Cited As Reasons for HIV Increase in Vancouver

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## Background

Despite the lack of quantitative evidence that successful antiretroviral treatments have impacted risk behaviours, so-called “HIV optimism” is commonly cited to explain the documented increase in HIV incidence among young men who have sex with men (MSM).

At the time this survey was conducted, there were 10 new HIV infections among Vanguard participants in the year 2000, as opposed to only one new infection in 1999. This resulted in an annual HIV incidence rate of 4.6% for the year 2000, which was five times higher than the average annual infection rate seen in the first four years of the study.

At the same time, the BC Centre for Disease Control reported a 32% increase between 1999 and 2000 in newly positive HIV tests among men who have sex with men, most of them in Vancouver. Similar findings had been documented in other cities such as San Francisco and Toronto.

## Objective

To assess the opinions of young gay and bisexual men on the recent increase in HIV infection among MSM documented in both the Vanguard Project and Vancouver in general.

## Methods

E-mail sent to 301 Vanguard Project participants in April 2001 solicited their opinions on the increase in HIV rates and what should be done, particularly tactics community organizations could use to increase the effectiveness of prevention messages. Vanguard Project staff – with input from members of the Vanguard Project Community Advisory Committee – formulated four questions to send to participants:

- Why do you think there has been a recent increase in HIV infection among Vanguard Project participants and other gay and bisexual men in the Vancouver area?
- In general, what do you think should be done about it?
- Specifically, what tactics could health care providers and community-based organizations use to make their HIV prevention messages more effective?
- Do you have any other comments, questions or concerns about this issue?

Comments were compiled and analyzed. In cases where a participant provided more than one response, comments were divided and categorized under the appropriate sub-heading. Comments were edited for clarity, spelling and grammar, and to remove specifics that could potentially identify participants (e.g. names, towns, workplaces).

HIV status and socio-demographic variables were compared for responders vs. non-responders.

## Results

Of 301 participants, 65 (17.8%) responded. Data from most recent questionnaires of responders and non-responders were compared with respect to ethnicity, age, education, income, employment and sexual behaviour. No significant differences were found except for age: responders were slightly older (median 29 [IQR: 27-32] vs. 28 [IQR 25-31],  $p=0.038$ ).

A trend was noted with respect to HIV status, with responders having a lower HIV prevalence at baseline (0% vs. 1.99%,  $p=0.595$ ), but a higher HIV incidence (1.13% vs. 0.66%,  $p=0.694$ ), but these differences weren't statistically significant.

The success of antiretroviral treatments (a.k.a. “HIV optimism”) was the most common explanation cited for the increase in HIV ( $n=23$ ; 35.4%), closely followed by complacency (18; 27.7%), increased “barebacking” (15; 23.1%), the absence and reduced impact of prevention campaigns (8; 12.3%), lack of personal experience with AIDS (8; 12.3%), alcohol/drug use (7; 10.8%), the promise of an imminent vaccine/cure (6; 9.2%), and lack of self-esteem and negotiating skills (6; 9.2%).

Increasing awareness through education and media was the most commonly recommended strategy (31; 47.7%), with a sizeable minority recommending a return to fear-based messages (10; 15.4%). Increased outreach and condom distribution was the most commonly recommended prevention tactic (14; 21.5%), followed by publicizing the realities of living with HIV/AIDS (12; 18.5%).

## Summary of Responses

### A) Why do you think there has been a recent increase in HIV infection among Vanguard Project participants and other gay and bisexual men in the Vancouver area?

• The success of drug therapy (i.e. “HIV optimism”):	23 (35%)
• Complacency:	18 (28%)
• Increased risk behaviour/barebacking:	15 (23%)
• Lack or absence of prevention campaigns:	8 (12%)
• Loss of impact of prevention campaigns/backlash against:	8 (12%)
• Lack of personal experience with HIV/AIDS:	8 (12%)
• Alcohol & recreational drug use:	7 (11%)
• Promise of an imminent vaccine or cure:	6 (9%)
• Self-esteem/negotiating skills:	6 (9%)
• Thrill of the forbidden:	5 (8%)
• Ignorance/misinformation:	4 (6%)
• Mixed media messages:	4 (6%)
• AIDS drug advertising:	3 (5%)
• Responsibility of people with HIV:	3 (5%)
• How accurate are the statistics:	3 (5%)
• Injection drug use:	2 (3%)
• Sense of invincibility/invincibility of youth:	2 (3%)
• Sexual venues/meeting places:	2 (3%)
• Desire for increased intimacy:	2 (3%)
• Perceived benefits of getting HIV:	2 (3%)

### B) In general, what do you think should be done about it?

• Increase awareness through education/media:	31 (48%)
• Promote fear-based messages:	10 (15%)
• Avoid fear-based messages:	5 (8%)
• Community development:	6 (9%)
• Positive messages:	5 (8%)
• Change the media:	4 (6%)
• Other suggestions:	4 (6%)
• Bathhouse intervention:	2 (3%)

### C) Specifically, what tactics could health care providers and community-based organizations use to make their HIV prevention messages more effective?

• Outreach/Condom distribution:	14 (22%)
• Publicize the realities of living with HIV/AIDS:	12 (18%)
• Target youth:	5 (8%)
• Make safer sex sexy:	2 (3%)
• Advice for health care providers:	2 (3%)
• Other suggestions (combined):	9 (14%)

## Conclusions

Vanguard participants have identified a range of possible explanations for and recommended responses to the recent increase in HIV incidence in the cohort, the most common being HIV optimism and the lack of prevention education.